

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 267-3816  
Phone #: (608) 266-5511

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## **DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING** **APPLICATION FOR REGISTRATION AS A PROFESSIONAL FUND-RAISER** **AND FUND-RAISING COUNSEL**

**IMPORTANT:** Read Section B and Section C prior to completing this application to determine the proper registration.

TYPE OR PRINT IN INK

### **SECTION A: ALL APPLICANTS**

1. Type of Registration: ☐ **PROFESSIONAL FUND-RAISER**  
(Mark an X in the appropriate box.) ☐ **FUND-RAISING COUNSEL**

2. Name Under Which You Will Do Business:

3. Check One, As Applicable: ☐ Sole Proprietorship ☐ Partnership (including a LLP)  
☐ Corporation ☐ Limited Liability Company (LLC)

4. Principal Address (Number, Street, City, State, Zip Code):

5. Wisconsin Address, If Principal Address Is Not In Wisconsin:

6. Telephone Number of Principal Address: ( ) \_\_\_\_\_  
Telephone Number of Wisconsin Address: ( ) \_\_\_\_\_

**For Receipting Use Only**

TYPE	NEW REGISTRATION _____		REG. NUMBER
	RENEWAL _____		
	GRANT DATE	EXPIRES	

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7. If a sole proprietorship, provide the name of the sole proprietor; if a partnership, the names of the partners; if a LLC, the names of the members, if a corporation, the names of the officers and directors.

NAME

DATE OF BIRTH

TITLE

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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8. List Wisconsin-registered charitable organizations with which you have contracts to act as a professional fund-raiser OR fund-raising counsel.

NAME OF ORGANIZATION

ADDRESS

_____	_____
_____	_____
_____	_____

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9. Has a license, registration or permit ever been denied, suspended, canceled, revoked or enjoined by a court or other governmental authority or are proceedings pending?

☐ YES

☐ NO

If YES, give a detailed explanation.

_____
_____
_____

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10. Have the applicant or any of the owners, partners, LLC members, corporate officers or directors been convicted of a felony or misdemeanor (excluding traffic violations) or are charges pending?

☐ YES

☐ NO

If YES, list the name of those who were convicted, the crime committed and the year of conviction.

_____
_____
_____

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**IMPORTANT:** Answer the questions in **SECTION B** and **SECTION C** in order to determine if you should be registered as a professional fund-raiser or registered as a fund-raising counsel. Mark appropriate space in **SECTION A1**.

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## **SECTION B: PROFESSIONAL FUND-RAISER**

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1. Will you, for compensation, **solicit contributions** in Wisconsin for a charitable organization that is required to be registered under sec. 440.42(1), Stats.? See definitions of “solicit” and “solicitation” in sec. 440.41(8) and (9), Stats. ☐ YES ☐ NO

NOTE A: If you send mailings to prospective donors with your name and/or address on them and solicit contributions, you are soliciting.

NOTE B: If you contact prospective donors by telephone or other electronic means and solicit contributions, you are soliciting.

2. Will you at any time have **custody** of contributions from a solicitation for a charitable organization that is required to be registered under sec. 440.42(1), Stats.? “Custody” is defined as possession or control of cash, checks or donations of merchandise, even though checks may be made payable to the charitable organization. ☐ YES ☐ NO

If you answered “YES” to question #1 above, you are required to **REGISTER AS A PROFESSIONAL FUND-RAISER**. No need to answer questions in Section C below.

If you answered “NO” to question #1 above, you are not required to register as a professional fund-raiser, but may be required to register as a fund-raising counsel. Answer questions in Section C below.

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## **SECTION C: FUND-RAISING COUNSEL**

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1. Will you, for compensation, plan, manage, advise, consult or prepare materials for solicitation in Wisconsin for a charitable organization? ☐ YES ☐ NO
2. Will you have custody of contributions? (See #2 above.) ☐ YES ☐ NO

If you answered “YES” to #1 and #2, you must register as a **FUND-RAISING COUNSEL**.

If you answered “YES” to #1 and “NO” to #2, you are not required to register as a fund-raising counsel.

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**SECTION D: IF REGISTERING AS A PROFESSIONAL FUND-RAISER, SUBMIT THE FOLLOWING:**

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1. Completed application (Form #294).
2. \$53.00 fee.
3. \$20,000 bond if professional fund-raiser at any time will have custody of contributions;  
**OR**  
\$5,000 bond if professional fund-raiser will not at any time have custody of contributions.

**NOTE:** A registered professional fund-raiser is required by sec. 440.44(3) and (4), Stats., to file a completed solicitation notice (Form #1941) and copies of all contracts with the Department before performing services under a contract with a charitable organization which is required to be registered under sec. 440.42(1), Stats.

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**SECTION E: IF REGISTERING AS A FUND-RAISING COUNSEL, SUBMIT THE FOLLOWING:**

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1. Completed application (Form #294).
2. \$53.00 fee.
3. \$20,000 bond.

**NOTE:** Before a registered fund-raising counsel performs any material services for a charitable organization that is required to be registered under sec. 440.42(1), Stats., the charitable organization and the fund-raising counsel shall contract in writing and the fund-raising counsel shall file the contract with the Department pursuant to sec. 440.43(3), Stats.

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*I, the undersigned, affirm under penalties provided by law that this Registration Statement (including attachments) has been examined by me and is, to the best of my knowledge and belief, a true, correct and complete statement.*

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PRINT NAME OF APPLICANT

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TITLE

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SIGNATURE OF APPLICANT

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DATE

# Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

FAX #: (608) 261-7083  
Phone #: (608) 266-2112

1400 E. Washington Avenue  
Madison, WI 53703  
E-Mail: [web@drl.state.wi.us](mailto:web@drl.state.wi.us)  
Website: <http://www.drl.state.wi.us>

## ADDENDUM TO APPLICATION – BUSINESS ENTITIES

Information requested is required for processing.

**EMPLOYER IDENTIFICATION NUMBER.** Your employer identification number or your social security number if you are a sole proprietorship must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.<sup>1</sup> A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

Business Entity Name

			-			-				
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FEIN

Type of Credential applying for

The Department may not disclose the employer identification number or social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,<sup>2</sup> to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,<sup>3</sup> and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.<sup>4</sup>

## DELINQUENT STATE TAXES; DELINQUENT SUPPORT

All applications for professional credentials are checked to determine whether the applicant is liable for delinquent state taxes. Under state law, the department must deny your application if you are liable for delinquent Wisconsin taxes.<sup>6</sup> If you are liable for delinquent state taxes, pay the delinquent amount before the application process is completed. Retain proof that you have satisfied the tax delinquency. If you have any questions about payment of delinquent taxes, please contact your nearest Department of Revenue office or call (608) 261-6249. An application may be denied or a credential suspended if an applicant or credential holder is delinquent in paying support or fails to comply with a subpoena or warrant issued by the department of workforce development or a county child support agency related to support or paternity proceedings.<sup>2</sup>

#2552 (4/03)

<sup>1</sup> Section 440.03 (11m), Wis. Stats.

<sup>2</sup> Sections 49.22, and 440.13, Wis. Stats.

<sup>3</sup> Section 440.12, Wis. Stats.

<sup>4</sup> Health Insurance Portability and Accountability Act (HIPAA) of 1996

<sup>5</sup> Section 440.14, Wis. Stats.

<sup>6</sup> Section 440.12, Wis. Stats.

This form is authorized by secs. 440.12 and 440.14, Wis. Stats. Making a false statement in connection with this application may result in revocation or denial.

Committed to Equal Opportunity in Employment and Licensing

# Wisconsin Department of Regulation & Licensing

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1400 E. Washington Avenue  
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Website: <http://www.drl.state.wi.us>

## CONVICTIONS AND PENDING CHARGES

If you have been convicted of a crime or have criminal charges pending against you, complete this form and return it with your application. Include a \$6.00 Crime Information Bureau report fee in addition to your original application fees.

The Fair Employment Act (sections 111.31-111.395, Wis. Stats.) prohibits employment discrimination on the basis of conviction record or arrest record unless the circumstances of the conviction or arrest substantially relate to the circumstances of the particular job or licensed activity. The information requested on this form will be used to determine whether your application should be granted, approved with limitations, or denied. The information you provide on this form may be verified against criminal information records. Omission of information on this form will be considered a false statement on an application.

Profession you are applying for: \_\_\_\_\_

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) \_\_\_\_\_

Mail To Address (if different) \_\_\_\_\_

Date of Birth	Social Security Number
_____ month      day      year	_____ Information helps us identify your record, but is voluntary. It is not available to the public.

Ethnic/gender information is required to check criminal information records. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

- List all other names used: \_\_\_\_\_
- List all felonies, misdemeanors, and other violations of state or federal law of which you have ever been convicted, in this state or any other, whether the conviction resulted from a plea of no contest or a guilty plea or verdict. For each, list the date and location of the conviction. Please include all convictions that involved alcohol or other drug use, including convictions for operating while intoxicated. Do not include municipal ordinance violations or other traffic offenses.

It is your responsibility to submit certified copies of the police report or criminal complaint, judgment of conviction and sentencing, and verification of your compliance with all terms of each sentence, including chemical dependency assessments if ordered by the court. If the conviction is old and records have been destroyed, you must submit a written description of each offense, along with an explanation of the penalties imposed and verification that you completed all requirements.

OFFENSE

DATE

CITY/STATE


Attach additional sheet(s) if necessary.

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3. Have you ever been sentenced by a court to participate in an alcohol or other drug assessment, treatment or counseling program? YES NO MO/YR COMPLETED  
☐ ☐ \_\_\_\_\_  
Did you successfully complete the program? ☐ ☐ \_\_\_\_\_  
Please attach the certificate of completion/discharge summary.

- (Check all that apply)
4. Have you ever been sentenced to: YES NO MO/YR COMPLETED  
☐ Probation ☐ ☐ \_\_\_\_\_  
☐ Parole ☐ ☐ \_\_\_\_\_  
☐ Ordered to pay restitution ☐ ☐ \_\_\_\_\_  
Did you successfully complete one of the above as ordered by the court? ☐ ☐ \_\_\_\_\_

**If you are currently on probation or parole, you must request your probation/parole officer to send a letter describing your current probation/parole requirements and your compliance with supervision.**

5. List all felonies, misdemeanors, or other violations of state or federal law for which you have been arrested and which are **pending**. Submit a copy of the police report/criminal complaint for each of the following pending charges.

<u>PENDING CHARGE</u>	<u>DATE OF ARREST</u>	<u>LOCATION OF ARREST (city/state)</u>
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Comments you wish to make regarding your convictions or pending charges. Attach another sheet if necessary.


## AFFIDAVIT OF APPLICANT

I state that I am the person referred to in this document and that all the information which I provided above is true in every respect. I understand that false or forged statements made in this document in connection with my application for a credential, or failing to provide relevant information, may be grounds for denial of the application, revocation of the credential granted to me, or criminal prosecution. This document must be signed before a notary public.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by \_\_\_\_\_  
(applicant's name)

\_\_\_\_\_  
Signature of Notary Public

My commission (is permanent) \_\_\_\_\_ expires \_\_\_\_\_.

**SEAL**

**BOND OF PROFESSIONAL FUND-RAISER**  
**Section 440, Stats. (Custodial)**

POLICY NUMBER \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS

that \_\_\_\_\_  
(Name of Individual or Entity Checked at the Right)

- ☐ an individual
- ☐ a partnership
- ☐ a corporation
- ☐ a limited liability company

doing business as \_\_\_\_\_  
(Trade Name of Individual or Agency, If Applicable)

at \_\_\_\_\_, as PRINCIPAL, and  
(Address of Professional Fund-Raiser)

\_\_\_\_\_, of  
(Name of Surety)

\_\_\_\_\_, as SURETY,  
(Address of Surety)

are held and firmly bound unto each member of that class of persons defined as those provided the right of indemnification by virtue of the professions of sec. 440.44, Stats. (1991 Wis. Act 278), to make payment in the sum of \$20,000.00 (Twenty Thousand Dollars). We, the PRINCIPAL and the SURETY, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by this bond, provided that no obligation under this bond shall require payment for the same loss or damage to more than one Obligee named herein.

The Condition of the Obligation is such that the PRINCIPAL has applied for, or has been granted, approval to do business as a PROFESSIONAL FUND-RAISER which **may have custody of funds raised for one or more clients** pursuant to sec. 440.44, Stats., and if neither the PRINCIPAL nor any of its employees, agents or representatives by whatever name they may be known shall cause loss or damage to any Obligee as a result of the PRINCIPAL'S conduct of any activities as a professional fund-raiser or arising out of a violation of subchapter III, Ch. 440, Stats., or the administrative code relating to subchapter III, Ch. 440, Stats., then this Obligation shall be void, otherwise it shall be and remain in full force and effect for the entire period of the registration of the PRINCIPAL as a professional fund-raiser.

This Obligation shall be continuous in nature; provided, however, that in the event of renewal of this Obligation, the liability of the SURETY shall not be cumulative, and, regardless of the number of years that this Obligation is continued in force, the aggregate liability of the SURETY during the entire period in which this Obligation is in force shall not exceed the penal sum of the bond.

This bond may be terminated by the SURETY by the giving of 60 days written notice to the Secretary of the Department of Regulation and Licensing of the State of Wisconsin; provided, however, that in the event of such termination, the SURETY shall be relieved of liability of this bond only with respect to breaches of the Condition occurring on or after the effective date of such termination.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Principal)

By: \_\_\_\_\_

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Surety)

By: \_\_\_\_\_

\_\_\_\_\_  
(Attorney in Fact)



**BOND OF PROFESSIONAL FUND-RAISER**  
**Section 440.44, Stats. (Non-Custodial)**

POLICY NUMBER \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS

that \_\_\_\_\_  
(Name of Individual or Entity Checked at the Right)

- ☐ an individual
- ☐ a partnership
- ☐ a corporation
- ☐ a limited liability company

doing business as \_\_\_\_\_  
(Trade Name of Individual or Agency, If Applicable)

at \_\_\_\_\_, as PRINCIPAL, and  
(Address of Professional Fund-Raiser)

\_\_\_\_\_, of  
(Name of Surety)

\_\_\_\_\_, as SURETY,  
(Address of Surety)

are held and firmly bound unto each member of that class of persons defined as those provided the right of indemnification by virtue of the professions of sec. 440.44, Stats. (1991 Wis. Act 278), to make payment in the sum of \$5,000.00 (Five Thousand Dollars). We, the PRINCIPAL and the SURETY, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by this bond, provided that no obligation under this bond shall require payment for the same loss or damage to more than one Obligee named herein.

The Condition of the Obligation is such that the PRINCIPAL has applied for, or has been granted, approval to do business as a PROFESSIONAL FUND-RAISER which **will never have custody of any funds raised for any client** pursuant to sec. 440.44, Stats., and if neither the PRINCIPAL nor any of its employees, agents or representatives by whatever name they may be known shall cause loss or damage to any Obligee as a result of the PRINCIPAL'S conduct of any activities as a professional fund-raiser or arising out of a violation of subchapter III, Ch. 440, Stats., or the administrative code relating to subchapter III, Ch. 440, Stats., then this Obligation shall be void, otherwise it shall be and remain in full force and effect for the entire period of the registration of the PRINCIPAL as a professional fund-raiser.

This Obligation shall be continuous in nature; provided, however, that in the event of renewal of this Obligation, the liability of the SURETY shall not be cumulative, and, regardless of the number of years that this Obligation is continued in force, the aggregate liability of the SURETY during the entire period in which this Obligation is in force shall not exceed the penal sum of the bond.

This bond may be terminated by the SURETY by the giving of 60 days written notice to the Secretary of the Department of Regulation and Licensing of the State of Wisconsin; provided, however, that in the event of such termination, the SURETY shall be relieved of liability of this bond only with respect to breaches of the Condition occurring on or after the effective date of such termination.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Principal)

By: \_\_\_\_\_

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Surety)

By: \_\_\_\_\_

\_\_\_\_\_  
(Attorney in Fact)

**BOND OF PROFESSIONAL FUND-RAISING COUNSEL**  
**Section 440.43, Stats.**

POLICY NUMBER \_\_\_\_\_

KNOW ALL PERSONS BY THESE PRESENTS

that \_\_\_\_\_  
(Name of Individual or Entity Checked at the Right)

- ☐ an individual
- ☐ a partnership
- ☐ a corporation
- ☐ a limited liability company

doing business as \_\_\_\_\_  
(Trade Name of Individual or Agency, If Applicable)

at \_\_\_\_\_, as PRINCIPAL, and  
(Address of Professional Fund-Raiser)

\_\_\_\_\_, of  
(Name of Surety)

\_\_\_\_\_, as SURETY,  
(Address of Surety)

are held and firmly bound unto each member of that class of persons defined as those provided the right of indemnification by virtue of the professions of sec. 440.44, Stats. (1991 Wis. Act 278), to make payment in the sum of \$20,000.00 (Twenty Thousand Dollars). We, the PRINCIPAL and the SURETY, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by this bond, provided that no obligation under this bond shall require payment for the same loss or damage to more than one Obligee named herein.

The Condition of the Obligation is such that the PRINCIPAL has applied for, or has been granted, approval to do business as a PROFESSIONAL FUND-RAISING COUNSEL pursuant to sec. 440.43, Stats., and if neither the PRINCIPAL nor any of its employees, agents or representatives by whatever name they may be known shall cause loss or damage to any Obligee as a result of the PRINCIPAL'S conduct of any activities as a fund-raising counsel or arising out of a violation of subchapter III, Ch. 440, Stats., or the administrative code relating to subchapter III, Ch. 440, Stats., then this Obligation shall be void, otherwise it shall be and remain in full force and effect for the entire period of the registration of the PRINCIPAL as a fund-raising counsel.

This Obligation shall be continuous in nature; provided, however, that in the event of renewal of this Obligation, the liability of the SURETY shall not be cumulative, and, regardless of the number of years that this Obligation is continued in force, the aggregate liability of the SURETY during the entire period in which this Obligation is in force shall not exceed the penal sum of the bond.

This bond may be terminated by the SURETY by the giving of 60 days written notice to the Secretary of the Department of Regulation and Licensing of the State of Wisconsin; provided, however, that in the event of such termination, the SURETY shall be relieved of liability of this bond only with respect to breaches of the Condition occurring on or after the effective date of such termination.

Signed and sealed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Principal)

By: \_\_\_\_\_

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Surety)

By: \_\_\_\_\_

\_\_\_\_\_  
(Attorney in Fact)

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## NOTICES

### **TIME FOR REVIEW AND DETERMINATION OF CREDENTIAL APPLICATIONS**

Generally, a credentialing authority is required to make a determination on an original application for a credential within 60 business days after a completed application is received.<sup>a</sup> An application is completed when all materials necessary to make a determination on the application and all materials requested by the licensing authority have been received.

### **PROCEDURES ON APPLICATION DENIAL**

An applicant who receives a notice of denial may request a hearing to challenge the denial by filing a request with the appropriate board or the department within 45 days after the mailing of the notice of denial. The request must contain the applicant's name and address, the type of license sought, the reasons why a hearing is requested and a description of the mistake the applicant believes was made, if the applicant claims that the denial was based on a mistake of fact or law. Hearing procedures are specified in ch. RL 1 of the Wisconsin Administrative Code. A copy of ch. RL 1 is available at most public libraries, on the Internet through the index at <http://www.legis.state.wi.us/rsb/code/rl/rl.html> and may also be obtained from the department.

### **MAILING ADDRESS AND CHANGE OF ADDRESS**

Credential holders may use a business address as a mailing address for department mail. A change of address must be reported to the department within 30 days.

### **PERSONALLY IDENTIFIABLE INFORMATION: USE AND AVAILABILITY**

Information collected on an application form is required and will be used to determine eligibility for a credential or examination. It is not likely that the department will use information collected by these forms for other purposes.

Credentialing is a public process with a goal of identifying those competent to protect the public. The name, city, and status of credential holders are accessible at the Department's website at <http://www.drl.state.wi.us/> under "Credential Holder Query." Information collected on application and examination forms is available for inspection to the public under Wisconsin laws governing public records.

### **AMERICANS WITH DISABILITIES ACT**

The Department complies with the Americans With Disabilities Act of 1990. The Department will make reasonable modifications to policies, practices and procedures when modifications are necessary to avoid discrimination on the basis of disability and will make reasonable accommodations necessary to provide a qualified individual with a disability with equal access to department programs.

**Communications and examinations:** Individuals who need auxiliary aids for effective communication in programs and services or who wish to request special accommodations for examinations, please call (608) 266-2852 or TTY at (608) 267-2416.

**Complaints:** Procedures for alleging violations of the Americans with Disabilities Act of 1990 may be obtained by calling the Department's ADA Coordinator at (608) 266-8608 or TTY at (608) 267-2416.

#1988 (Rev. 4/03) ss. 15.04 (1) (m), 19.35, Stats.

<sup>a</sup> Section RL 4.06 of the Wisconsin Administrative Code